

Appendix - 1

CONSENT FORM

Title of Project: Study of frontline clinicians during COVID-19

Name of Researcher taking consent: Sharin Baldwin

Please initial box

1. I confirm that I have read the information sheet dated 25/06/20 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
3. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐
4. I understand that the interview will be audio- recorded. ☐
5. I agree to take part in the above study. ☐

Name of Participant

Date

Signature

Name of Person
taking consent

Date

Signature

When completed: 1 for participant; 1 for researcher site file.